



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 5643

|  |   |                                  |   |                                     |                                |
|--|---|----------------------------------|---|-------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/823,832   | <b>FILING or 371(c) DATE</b><br>04/14/2004<br><b>RULE</b>   | <b>CLASS</b><br>600              | <b>GROUP ART UNIT</b><br>3739   | <b>ATTORNEY DOCKET NO.</b><br>17640 |                                |
| <b>APPLICANTS</b><br>Masatoshi Homan, Tokyo, JAPAN;<br>Wataru Ohno, Tokyo, JAPAN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-122821 04/25/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/23/2004           |   |                                  |   |                                     |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /MATTHEW JOHN KASZTEJNA/<br>Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>MJK<br>Initials   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWINGS</b><br>11  | <b>TOTAL CLAIMS</b><br>20           | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>SCULLY SCOTT MURPHY & PRESSER, PC<br>400 GARDEN CITY PLAZA<br>SUITE 300<br>GARDEN CITY, NY 11530<br>UNITED STATES  |   |                                  |   |                                     |                                |
| <b>TITLE</b><br>Capsule endoscope apparatus  |   |                                  |   |                                     |                                |
| <b>FILING FEE RECEIVED</b><br>2528   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |                                |